

*Handwritten initials/signature*



<b>CERTIFICATE OF MAILING BY "U.S. CERTIFIED MAIL" UNDER 37 C.F.R. 1.8</b>	
"U.S. CERTIFIED MAIL" Mailing Label Number: <u>7004 2510 0007 2429 1594</u>	Date of Deposit: _____
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "CERTIFIED MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.8 on the date indicated above and is addressed to the Commissioner For Patents, Alexandria, VA 22313-1450.	
Name: <u>Chris Vo</u>	_____
Signature <u>1/11/06</u>	Signature _____

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Gunn III, et al  
Serial No.: 10/803,747  
Filed: 3/17/2004  
For: Electronically Controllable Arrayed Waveguide Gratings

Attorney Docket No. LUX-P027  
Examiner: Blevins, Jerry  
Art Unit: 2883

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL LETTER**

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 13 pages.
- ☐ b. Substituted Drawings: \_\_\_\_\_ sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check (# \_\_\_\_\_) for \$ \_\_\_\_\_ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of \_\_\_\_\_ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	_____ \$ 120.00	_____ \$ 60.00
ii. Two (2) month .	_____ \$ 450.00	_____ \$ 225.00
iii. Three (3) month .	_____ \$1,020.00	_____ \$ 510.00
iv. Four (4) month .	_____ \$ 1,590.00	_____ \$ 795.00
v. Five (5) month .	_____ \$ 2,160.00	_____ \$ 1080.00

Extension Time Fee Total: \_\_\_\_\_ .00 .

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482.**

01/20/2006 WBIZUNES 00000011 500482 10003747

01 FC:2253 510.00 DA

#### 4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	16	- 30 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0.00
b. Independent Claims	3	- 8 =	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0.00
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$ .00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$ .00
e. Total Fees					\$ .00

#### 5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

\_\_\_\_\_ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

\_\_\_\_\_ A Check # \_\_\_\_\_ for \$ \_\_\_\_\_ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

**CUSTOMER NO: 22877**

**FERNANDEZ & ASSOCIATES, LLP**

**Patent Attorneys**

**P.O. BOX D**

**Menlo Park, CA 94025-6204**

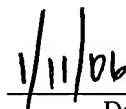
**Phone: (650) 325-4999**

**Fax: (650) 325-1203**

Respectfully submitted,

  
DENNIS S. FERNANDEZ

Registration No. 34,160



Date